State Mediation and Conciliation Service California Department of Industrial Relations

Request for Agency Shop Election

Employee organization submitting request (include name, address, phone and contact):	2) Employer (include name, address, phone and contact):
3) Description of bargaining unit for which election	4) Name and classification of any unit member(s)
is requested:	designated supervisory, management or confidential:
Approximate size of bargaining unit: 5) Date of employee organization's request to	6) Has an agency shop election or agency shop
employer to begin agency shop negotiations:	rescission election been conducted in this unit within the past twelve months? (check one) YES NO
Date the 30 calendar day negatiating period concludes	If yes, date of election:
7) I certify under penalty of perjury that the foregoing is true and correct to the best of my	8) Request submitted to SMCS office (check one):
knowledge:	SMCS, P.O. Box 420603, San Francisco, CA 94142
Print name:	74142
Title:	SMCS, 320 W. 4th St., Rm 420, Los Angeles , CA 90013
Dated:	

Enclosure: Proof of Service